

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/669819
APPLICANT(S)

FILED DATE

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2	1			1		
3				1		
4						
5		2				
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7		2				
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10				1		
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100						
TOTAL IND.	21		6			
TOTAL DEP.						
TOTAL CLAIMS	21		6			

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